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CANTRELL	BRIAN L										
Form 4											
January 25, 2	013										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL	
	UNITE	D STATES		ITIES AI hington, I			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer									Expires:	January 31, 2005	
subject to STATEMENT OF CHANGES					CS IN BENEFICIAL OWNERSHIP OF ECURITIES					Estimated average burden hours per	
Form 4 or Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934						A (\$1024	response	. 0.5		
obligation								ge Act of 1934, of 1935 or Sectio	'n		
may conti	nue.		of the Inv	•	•	· ·			/11		
<i>See</i> Instru 1(b).	ction	00(11)			company		01 19				
(Print or Type R	esponses)										
							Reporting Person(s) to				
				ymbol				Issuer			
			ALLIANCE RESOURCE PARTNERS LP [ARLP]					(Check all applicable)			
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 1717 S. BOULDER 01/23/2013				Director 10% Owner							
				- · · · · · · · · · · · · · · · · · · ·				_X_ Officer (give title Other (specify below) below)			
AVENUE, S			01/23/20)13				Seni	or VP and CFC)	
71 V EI (OE, 5			4 10 4	1 (D (0.1.1				·	(61 1	
			endment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)				
Filed(Month/Day/Year)								One Reporting Person			
TULSA, OK	74119							Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction E			3.	4. Securities			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Ye	ar) Executi any	on Date, if	Transactic Code	-	uired (A) or posed of (D)			Form: Direct (D) or	Indirect Beneficial	
(instr. 5)			-			3, 4 and 5) Owned		2	Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common				0000	. mount	(2)	11100	20.579	D		
unit								29,578	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactionof		Expiration I	Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Derivativ	e (Month/Day	/Year)	(Instr. 3 and	4)	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities	3				(Instr. 5)
	Derivative				Acquired					
	Security				(A) or					
	-				Disposed					
					of (D)					
					(Instr. 3,	4,				
					and 5)					
									Amount	
						Date	Expiration	m: 1	or	
						Exercisable	-	Title	Number	
				a 1 1					of	
				Code V	(A) (I))			Shares	
Phantom								Common		
unit	<u>(1)</u>	01/23/2013		А	525	(3)	(2)	Unit	525	<u>(2)</u>
unit								Omt		

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4.

5. Number 6. Date Exercisable and 7. Title and Amount of 8. Price

Reporting Owners

Reporting Owner Name / Address		R			
	Director	10% Owner	Officer	Other	
CANTRELL BRIAN L 1717 S. BOULDER AVENUE SUITE 400 TULSA, OK 74119					
Signatures					
/s/ Brian Cantrell by Mindy Ker 2006	01/25/2013				

**Signature of Reporting Person Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

3. Transaction Date 3A. Deemed

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) 1 for 1

1. Title of

2.

(2) Not applicable

(3) The Phantom units are to be settled in ARLP common units upon the reporting person's death or termination.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.